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## Surge of Hand, Foot, and Mouth Disease August 18, 2025

### Summary and Action Items

- Hand, foot, and mouth disease (HFMD) is currently surging in Illinois and nationally, however, no increased illness severity has been observed.
- HFMD is a **clinical diagnosis**. Clinicians should consider HFMD in the differential diagnosis for children and adults with rash illnesses, with or without fever. Because measles is also circulating nationally and internationally, and is often in the differential for a febrile rash, refer to the IDPH [Clinician Measles Mini-Toolkit](#) for features that are concerning for measles and call your local health department if you suspect measles.
- Children with HFMD rarely need to be excluded from school. Refer to the IDPH [Communicable Disease School Nurse Guidance](#) for exclusion criteria.

### Background and Clinical Presentation

Hand, foot, and mouth disease (HFMD) is a typically seasonal illness caused by several of the non-polio enteroviruses. HFMD commonly presents with fever, mouth sores, and skin rash. It is so named because the distribution of rash typically includes hands and feet, and mucosal sores affect the mouth. Additionally, HFMD frequently presents with a rash on the bottom (diaper area), especially in young children, and also may include a sore throat. People with eczema may have a severe presentation known as eczema coxsackium. While HFMD can affect people of all ages, it predominately affects young children (under 5 years old).

HFMD can be caused by Coxsackieviruses A and B, echoviruses, and other enteroviruses. Some enteroviruses (like EV71) are more likely to cause HFMD while others may cause nonspecific febrile illness, pharyngitis, cough, stomatitis, parotitis, croup, bronchiolitis, and pneumonia. Some enteroviruses may also cause neurologic (e.g., aseptic meningitis and acute flaccid myelitis [AFM]), gastrointestinal (e.g., nausea, vomiting, diarrhea, hepatitis, pancreatitis), ocular (e.g., hemorrhagic conjunctivitis, uveitis), cardiac (e.g., myopericarditis), and/or muscular manifestations (e.g., pleurodynia, myositis).

### Epidemiology

Cases of HFMD typically increase during the summer and fall. While individual cases of HFMD and enterovirus infections are not reportable in Illinois, analyses of emergency department data indicate a larger number of medical visits related to HFMD this year in Illinois as compared to prior years.

Preliminary analyses have not indicated an increase in hospitalizations of people with HFMD, nor an increase in severe presentations of enterovirus infections, including AFM and enteroviral meningitis. Coxsackievirus A16 is the most common cause of HFMD. At this time, we do not have local typing to indicate what specific enterovirus is driving the surge. Outbreaks of HFMD (10 linked cases within 10 days, usually in daycare or school settings) are reportable.

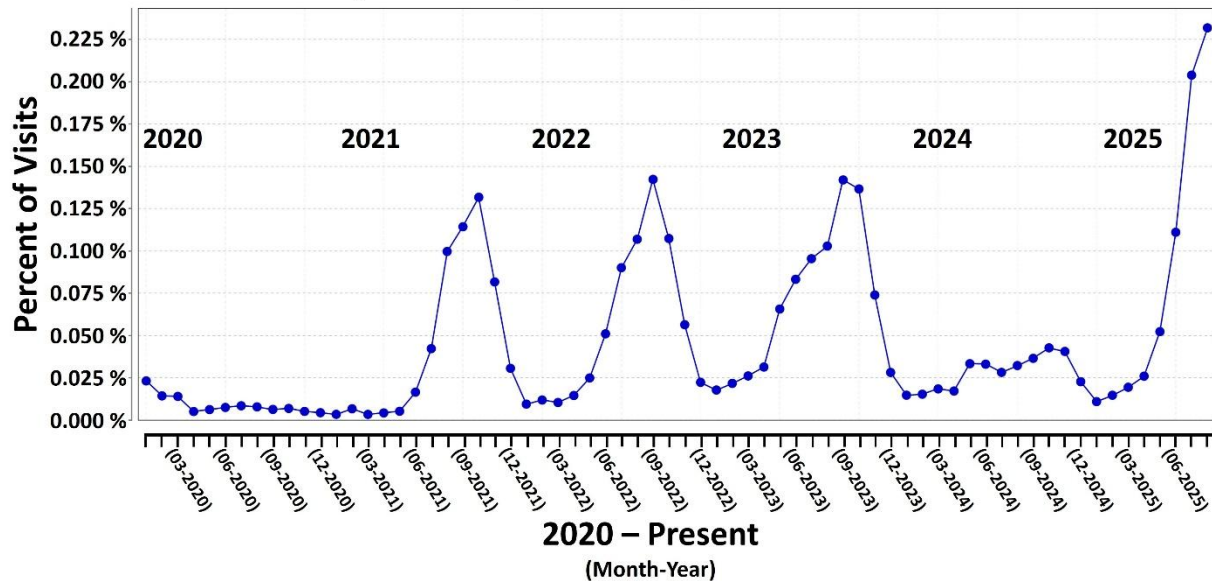
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## ED and Inpatient Diagnoses of Hand, Foot, and Mouth Disease (ICD: B08.4) – Illinois Syndromic Surveillance



### Transmission

Enteroviruses are spread through close contact, coughing or sneezing, contact with feces, and contact with contaminated objects and surfaces.

### Prevention and Control Measures

HFMD is very contagious, especially in daycare settings and in households with young children. To help prevent catching or spreading HFMD:

- Wash your hands often with soap and water for at least 20 seconds, especially after changing diapers, using the toilet, and coughing, sneezing, or blowing your nose.
- Help children wash their hands and keep blisters clean.
- Avoid touching your face with unwashed hands, especially your eyes, nose, and mouth.
- Clean and disinfect frequently touched surfaces and shared items, including toys and doorknobs.
- Avoid close contact with an infected person, such as hugging or kissing them.

In healthcare settings, contact precautions should be used in addition to standard precautions. If the patient has respiratory symptoms, droplet precautions are also needed.

### *Return to daycare and school*

In general, children with HFMD can attend daycare or school as long as they have been fever-free for at least 24 hours without the use of fever-reducing medication, feel well enough to participate in class, have no uncontrolled drooling with mouth sores, and have no other symptoms meeting illness exclusion criteria. Refer to the IDPH [Communicable Disease School Nurse Guidance](#).

Exclusion from childcare or school will not reduce the spread of hand, foot, and mouth disease because children can spread the virus even if they have no symptoms and the virus may be present in the stool for weeks after the symptoms are gone. Testing for hand, foot and mouth is not required. Requiring

testing or a doctor's note can be burdensome on medical providers and is not recommended since the majority of symptoms are mild and can be treated at home.

### **Diagnosis and Treatment**

HFMD is a clinical diagnosis meaning no laboratory testing is needed. Enteroviruses can be detected by PCR and culture from a variety of specimens including nasopharyngeal swab, stool, blood, and CSF. Testing may be indicated if clinical diagnosis is unclear or in the context of a severe or unusual presentation. Testing is also indicated for some enteroviral presentations other than HFMD, for example, enteroviral meningitis or enteroviral sepsis.

Because measles is also circulating in the U.S. and internationally, both measles and HFMD should be considered in the differential for an individual with a febrile rash. Refer to the IDPH [Clinician Measles Mini-Toolkit](#) for features that are concerning for measles and call your [local health department](#) if you suspect measles.

HFMD is usually mild requiring only supportive care. Rarely children will require supportive inpatient care for pain control and hydration support. There is no specific therapy available for enterovirus infections.

### **Contact**

Contact your [local health department](#) if you have questions or to report an outbreak of HFMD in a school or daycare.

### **Target Audience**

Local Health Departments, School Nurses, Daycares, Hospital Infection Preventionists, Infectious Disease Physicians, Pediatricians, Physicians, Hospital Administrators, and Regional Health Offices.

### **Date Issued**

August 18, 2025

### **References**

1. Pan American Health Organization (PAHO) [Epidemiological alert Hand, foot, and mouth disease](#), March 28, 2025
2. [CDC Hand, Foot, and Mouth disease](#)